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APPLICANTS

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** CONTINUING DATA *****

none Paty 5/23/06

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 6	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Pratik Gid</i> Initials <i>PG</i>				

ADDRESS

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TITLE

Determining the presence and type of probe associated with an active implantable medical device, in particular a cardiac pacemaker

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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